

Agency\* Citation(s)

Groups Covered

90

8

1902(a)(47)  
and 1920 of  
the Act,  
P.L. 99-509  
(Section  
9407)

- ☒ 15. Pregnant women who meet the applicable income levels for the categorically needy specified in this plan under ATTACHMENT 2.6-A who are determined eligible by a qualified provider during a presumptive eligibility period in accordance with section 1920 of the Act.

C. Optional Coverage of the Medically Needy

Title XIX 435.301

This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1. Pregnant women who, except for income and resources, would be eligible as categorically needy.

*This was replaced  
see P 23 & 24  
PM 91-4*

\*Agency that determines eligibility for coverage.

TN No. 90-3  
Supersedes  
TN No. 87-35A

Approval Date MAY 14 1990

Effective Date JAN 01 1990

HCFA ID: 1036P/0015P

**OFFICIAL**

State: New York

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| Agency* | Citation(s) | Groups Covered |
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |   |     |   |
|---|-----|---|
| — | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                           |
| — | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                          |
| — | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                       |
| — | (7) | Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| — | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.   |
| — | (9) | Individuals in additional classifications approved by the Secretary as follows:   |

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| Agency* | Citation(s) | Groups Covered |
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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

— Yes

— No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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TN No. New HCFA ID: 7983E

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Revision: HCFA-PM-91- (BPD)  
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ATTACHMENT 2.2-A  
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OMB No.: 0938-

State: New York

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.231 ☒  
1902(a)(10)  
(A)(ii)(V)  
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

☒

The State covers all individuals as described above.

☒

The State covers only the following group or groups of individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

- ☐ Aged  
☐ Blind  
☐ Disabled  
☐ Individuals under the age of--  
    ☐ 21  
    ☐ 20  
    ☐ 19  
    ☐ 18  
☐ Caretaker relatives  
☐ Pregnant women

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Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(e)(3)  
of the Act

☐

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)  
(A)(ii)(IX)  
and 1902(1)  
of the Act

☒

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

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State: New York

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| Agency* | Citation(s) | Groups Covered |
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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a) ☒  
(10)(A)  
(ii)(IX)  
and 1902(1)(1)  
(D) of the Act

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

☐ 7 years of age; or

☒ 8 years of age.

91-77

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State: New York

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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)     
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(47)  
and 1920 of  
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

92-27

TN No.  
Supersedes  
TN No.

**New**

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Effective Date APR 1 - 1992



Attachment 2.2A  
Page 23b

State New York

Citation

Groups Covered

Optional Groups Other Than the Medically Needy

OBRA 1993

Sec. 1902(a)(10)(A)(i)(XII)

Coverage is extended to individuals who are described in subsection (2)(1) relating to certain TB infected individuals whose income and resources are as follows:

-X-

Income (as determined under the State plan under this title with respect to disabled individuals) does not exceed the maximum amount of income of a disabled individual described in subsection (a)(10)(A)(i).

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More liberal income disregards in accordance with section 1902(r)(2) as described in supplement 8a to Attachment 2.6A page 4 are applied.

-X-

Resources (as determined under the State plan under this title with respect to disabled individuals) do not exceed the maximum amount of resources a disabled individual described in section (a)(10)(A)(i) may have.

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More liberal resource disregards in accordance with section 1902(r)(2) as described in supplement 8b to Attachment 2.6A page 4 are applied.

-X-

94-14

Approval Date JUL 1 1994

Effective Date JAN 1 - 1994

Supersedes TN No.

**New**

| Citation(s)                            | Groups Covered   |
|--|--|
|  | <b>B. <u>Optional Coverage – Other Than Medically Needy</u></b><br>(Continued)   |
| 1902(a)(10)(A)<br>(ii)(xiv) of the act | <p><b>X</b> 20. Optional Targeted Low Income Children who:</p> <ul style="list-style-type: none"><li>a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);</li><li>b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D));</li><li>c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no federal funds for the program;</li><li>d. have family income at or below:<br/><br/>200 percent of the federal poverty level for the size family involved, as revised annually in the federal Register; or<br/><br/>A percentage of the federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but no more than 50 percentage points.</li></ul> <p>The State covers:</p> <p><b>X</b> All children described above who are under age <u>19</u> (18, 19) with family income at or below <u>100</u> percent of the federal poverty level.</p> |

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